

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 468  
Registered No. 222

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village 112 Long Oak Canon  
City Miami No. Miami Insp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Norma Bray (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth May 14 - 1929  
Month Day Year

8. FATHER  
Full name Norman Victor Bray  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Redruth, Cornwall  
(State or country) England

13. Occupation Electrician  
Nature of Industry mining

14. MOTHER  
Full maiden name Elizabeth C. High  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

16. Color or race Cauc. 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Lindel  
(State or country) England

19. Occupation \_\_\_\_\_  
Nature of Industry Housewife

20. Number of children of this mother. 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born alive at 4<sup>30</sup> P. m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature: Evel M. Brown M.D. Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed May 20 1929 E. E. Irving Registrar

528-574-588